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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

Open to Public Inspection

Inte	rnal Rever	nue Service	- i ne organizatio	on may have to use	e a copy	or this return to s	ausiy su	ate reporting	requirem	ents				~~~
_	For the	2008 calendar year,	or tax year begin	nning Jul	1	, 20	08, an	d ending	Jun			<u>, 2009</u>		
В	Check if	applicable	C Name of organi	zation						D Employ	er Iden	tification Nu	nber	
	Add	ress change Please use IRS label	MILLITARI	ORDER OF	DEV1	L DOGS				38-:				_
	Nan	ne change or print or type.	Number and str	eet (or PO box of	mail is n	ot delivered to stree	et addr)	Room/suite	,	E Telepho	ne num	ber		
	Initi	al return See specific							l	(86)	0) 7	74-037	/8	
		nination Instruc-	City, town or co	untry		St	ate ZIF	code + 4						
	==	ended return	Rogers			С	т 0	6263-0	014	G Gross re	ecerpts	s 89.	, 906.	
	Ħ		and address of princip	al officer						group retur			Yes	X No
		, , , , , , , , , , , , , , , , , , , ,	mshottel 9503 l		ν τεδΝ	COUVER	WA 9:	8664 H		affiliates incl		F	Yes	No
$\overline{}$	Tay-	exempt status X 50		(insert no)		4947(a)(1) or	-	527	If 'No,' a	attach a list	(see in:	structions)	_	_
<u></u>		site: ► N/A	/(c) (<u>4</u> /	(mocretio)		13 17 (4)(1) 0.			c) Group e	exemption nu	ımber I	-		
K		of organization X Corpo	ration Trust	Association	Other	>	l Vaar	of Formation				legal domicile	e CT	
_	art I		ration Trust	ASSOCIATION	Oalei		Litear	OI FOITHAUDI	1935	7 101 3	tale or	iegai donnen	, C1	
F 6		Summary Briefly describe the or	nanization's miss	ion or most sig	onifica	nt activities	See	Attach	red S	tateme	nt			
	' '	orieny describe the or	gariization s miss	ion or most sig	yılınça	it activities	<u> </u>	Tic caci	<u>.ca 5</u>	<u>ca como</u>				-
92	_													
ā	_													
Activities & Governance	2 0	Check this box ►	If the organization	on discontinue	d its or	erations or dis	posed	of more t	– – – han 25%	 6 of its as	– – – sets			
ŏ		Number of voting men									3	11		
9	4 1	Number of independer	nt voting member	s of the govern	ning bo	dy (Part VI, Iin	e 1b)				4	11		
Ħ		Total number of emplo									5			
€		Total number of volun				_					6_	6,000		
⋖		Total gross unrelated I									7a			<u>0.</u>
	P L	Net unrelated business	s taxable income	from Form 990	0-T, lır	e 34					7 b			0.
									Pı	rior Year		Curi	ent Ye	
<u>•</u>		Contributions and gran								69,4	32.		75,	<u>593.</u>
Revenue		Program service rever		_				1						
ě		nvestment income (Pa						-		21 0	112			523.
_		Other revenue (Part V					l 10	,		31,2				790.
	16-0-	Total revenue — add li					line 12	2)		100,6				906.
	40	Grants and similar am				, -		ŀ		22,4	ρŢ.		25,	792.
		Benefits paid to or for						}						0.
ø	₽] 5 S	Salaries, other compe	nsation, employe	e benefits (Pai	rt IX, c	olumn (A), line	s 5-10	"		22,1	78.		4 ,	200.
20	∯6a F	Salaries, other compe Professional fundraisin Total fundraising expe	ng fees (Part IX,	column (A), lın	ne 11e)	1		Ļ						
x be	Д ьт	Total fundraising expe	nses (Part IX, co	lumn (D), line-	25) -	051150		<u> </u>						
Ш	1 7 (Other expenses (Part	IX, column (A), li	nes 11a-11d, 1	1 11-24	CFIAED				57,1	07.		46,	729.
3	⊉ 18 ⊺	Total expenses Add li	ines 13-17 (must	equal Part IX,	colum	n (A), line 25)	၂၁	<u> </u>		101,7	46.		76,	721.
2	∯19 F	Revenue less expense					Ϊ́		-	-1,1		1		185.
b \$	D			167	- 1 -	, v ()	SS SS		Begin	ning of Y	ear	End	of Yea	ar
Not Assets or Fund Bolopege	² 20 ⊺	Fotal assets (Part X, I	me 16)	L				:	<u> </u>	113,4				833.
\$8	21 7	Total liabilities (Part X	•		OG	DEN, U	<u> </u>	ا. ل						685.
ŠŠ	22 N	Net assets or fund bala	•	ıne 21 from lın	a 20			Ì		113,4	47		143,	
	art II	Signature Blo								110,1			110/	
٠٠٠				avamined this retur	n unclud	ing accompanying	chodulo	e and statem	ants and	to the best o	f my kn	owledge and	ballef it	
		Under penalties of perjury true, correct, and complete	e Declaration of propa	irer (other Way off	ce) is ba	ing accompanying i ised on all informat	ion of w	hich preparer	has any k	nowledge	i iliy kii	owieuge and	beller, it	15
Sig	nn	► P X	I D. V.	ua latt					١.	5 F.D	PD	UDR	120	10
He	re	Signature of officer		WUNG KU			_		Dat	e	UN	W 1770	<u> </u>	
		► Phil Rumsh	ottel											
		Type or print name ar								-	-			
							Date		Ch	eck if	P	reparer's idei	ntifying n	umber
Pa	id	1	4	1 0		1			set	iployed ►	X	eé instruction	IS)	
Pr		Preparer's signature	las X	Lun	111	1/1	02	/02/10	6"	ipioyeu				
pa	rer's	1.0	PHICTNESS	& TAX SER	2777C1	7	102/	02/10						
Ús	e	yours if self-			VATC				─-					
Or	ıly	address and	33 SUNCREST			MT 40	222	1211	EIN					
NA =	u the ID	ZIP + 4 WES			2 /0		322-	4341	Ph	one no		V V.		No
-		S discuss this return Privacy Act and Pape					otic = -			TEARINE	04/00	X Yes		(2008)
DА	m rort	rivacy Act and Pape	I MOLK KEGÜÇLIĞÜ	MCI NUTICE, SE	e ine :	separate instru	ICUONS	5.		TEEA0101	04/23	רטו ייטי/	コロ プラリ	(4000)

Form	n 990 (2008) MILITARY ORDER OF DEVIL DOGS	38-2	870130	Page 2
Pai	rt III Statement of Program Service Accomplishments (see instructions)			
1	Briefly describe the organization's mission.			
	Con Attached Chatament			
•	\			
2	Did the organization undertake any significant program services during the year which were not liste	ed on the prior	_	_
	Form 990 or 990-EZ?		Yes	X No
	If 'Yes,' describe these new services on Schedule O		-	
3		n services?	Yes	X No
_	If 'Yes,' describe these changes on Schedule O		Ш	
			a Castian EO	1/0/(2)
4	Describe the exempt purpose achievements for each of the organization's three largest program ser and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant	s and allocations	to others, the	total
	expenses, and revenue, if any, for each program service reported			
4 8	a (Code) (Expenses \$ 25,792. including grants of \$	0.) (Revenue	\$	0.)
	Donations to Childrens Wards at Hospitals, The Marine			
	Corps League Foundation & Other Charities.			
		. – – – – – .		
4 t	b (Code) (Expenses \$ 8,975. including grants of \$	0.) (Revenue	Ś	0.)
	Printing Quarterly Publications 6797, Awards 261, convention			
	conferences 1917			
			- 	
		. 		
			-	
	2 (Code) (Finance C 10 052 includes content C	0) (Davisania	Ċ	0.
40	c (Code) (Expenses \$10,953. including grants of \$	U.) (Revenue	۶	0.)
	Officers Travel		-	
				.
		· -		
		. 		_ _
A -	d Other program services (Describe in Schedule O)			
40				,
	(Expenses \$ including grants of \$) (Rever			
4e	e Total program service expenses ► \$ 45,720. (Must equal Part IX, Line 25, colu	umn (B))		

Part IV Checklist of Required Schedules

			Yes	No
- 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
_	Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	<u></u>	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	_	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		x
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.? .	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17	Х	ļ <u>.</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- **
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24.0		
d	any tax-exempt bonds? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
BAA		Form	990 ((2008)

Form 990 (2008) MILITARY ORDER OF DEVIL DOGS

Part IV Checklist of Required Schedules (continued)

	Terre Control of the Control of			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
•	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		x
l	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	_	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X	ļ ,
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
BAA		Form	990 ((2008)

Form **990** (2008)

		Yes	No
Ta Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	2		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?	amıng 1 c	х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instruction	ns)		l
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<u>3a</u>		х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a 4a		х
b If 'Yes,' enter the name of the foreign country. ▶			l
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts deductible?	were not 6b		
7 Organizations that may receive deductible contributions under section 170(c).			ĺ
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$757	7 <u>7a</u>		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	d to file 7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	_ 7g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as re-	quired? 7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, excess business holdings at any time during the year?	have 8		İ
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	ļ		
a Did the organization make any taxable distributions under section 4966?	_ 9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			!
b Gross Receipts. included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter		[[
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Form	n 990 (2008

Form 990 (2008) MILITARY ORDER OF DEVIL DOGS

Page

Part VI` Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management					
	For each	n 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de es, or changes in Schedule O See instructions.	escribe th	ne circumstances,		Yes	No
1:	Enter the	e number of voting members of the governing body	1a 11	L			
ı	Enter the	e number of voting members that are independent	1 b 1.1	l i			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relative trustee or key employee?	ationship	with any other	2		х
3	Did the o	organization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other persor	nder the c	firect supervision	3		х
4	Did the d	organization make any significant changes to its organizational documents			4		Х
	since the	e prior Form 990 was filed?					
5	Did the o	organization become aware during the year of a material diversion of the organization	's assets	7	5		X
6	Does the	organization have members or stockholders?			6	Х	
7	Does the governin	e organization have members, stockholders, or other persons who may elect one or mage body?	ore mem	bers of the	7a	х	
ı	Are any	decisions of the governing body subject to approval by members, stockholders, or oth	er persoi	ns?	7b	Х	
8	Did the o	organization contemporaneously document the meetings held or written actions undert wing	taken dur	ing the year by		_	
i	The gove	erning body?			8a	X	
		mmittee with authority to act on behalf of the governing body?			8ь	Х	
9	Does the	e organization have local chapters, branches, or affiliates?			9a	Х	
I	If 'Yes,' o and brar	does the organization have written policies and procedures governing the activities of iches to ensure their operations are consistent with those of the organization?	such cha	ipters, affiliates,	9b	х	
10	Was a co describe	opy of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990	' All orga	nızatıons must	10		х
	organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who canr tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be rea	ached at the	11		х
Sec	tion B.	Policies					
					40	Yes	No
		e organization have a written conflict of interest policy? If 'No,' go to line 13			12a		X
	to conflic				12b		
	Schedule	e organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Ye	es,' describe in	12c		
		e organization have a written whistleblower policy?			13		X
		organization have a written document retention and destruction policy?			14		Х
	persons,	process for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci-	pproval b sion	y independent	;		
	•	inization's CEO, Executive Director, or top management official?			15a	Х	
		ficers of key employees of the organization?			15b	Х	
		the process in Schedule O (see instructions)					
16 a		organization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	irrangem	ent with a taxable	16a		<u>x</u>
I	in joint v	has the organization adopted a written policy or procedure requiring the organization t enture arrangements under applicable federal tax law, and taken steps to safeguard t oth respect to such arrangements?	o evaluat he organ	te its participation ization's exempt	16b		
Sec		Disclosures					
		states with which a copy of this Form 000 is required to be filled NA					
18	Section (5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply					blic
	Own	website Another's website X Upon request					
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public.	ents, con	flict of interest poli	cy, and	financ	ıal
20	State the	e name, physical address, and telephone number of the person who possesses the boo	oks and i	records of the orga	nızatıon		
	Doug	Fisk PO Box 34, Rogers, C C	T06	263-0034 (860)_7	74-0	0378
							(2008)

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

Check this box if the organization did not	compens	ate an	y of	ficei	, dı	rector,	, trus	stee, or key employee		
(A) (B) (c)								(D)	(E)	(F)
Name and Title	Average hours		Position (check all that ap		hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	ा चाहर का जनसङ्ख्या है जिस्सा	anstitutional trustee	Offi - 🕶	Key employee	Hig) est वलगण्डमाऽलांख सामग्रीकप्रक्ष	その・ロー	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Doug Fisk										
Executive Secretary	15.00			Х				3,000.	0.	0.
Phil Rumshottel										
Chief DD	20.00			X				0.	0.	0.
Clifton Williams										
Quartermaster	15.00			Х				1,100.	0.	0.
Mike English										
Sr. Vice Chief	5.00			X				0.	0.	0.
Ken Travis										
Jr Vice Chief	5.00			Х				0.	0.	0.
Leanna Dietrich										
Judge Advocate	5.00			X				0.	0.	0.
Eston W. Nelson										
Chaplain	10.00			Х				0.	0.	0.
Laurel Hull										
Jr Past Chief DD	2.00			Х				0.	0.	0.
Stephen Joppa										
Treasurer	15.00			Х				0.	0.	0.
0	0.00			x				0.	0.	0.
	0.00			X				0.	0.	0.
	0.00			х				0.	0.	0.
	0.00			X				0.	0.	0.
	0.00			Х				0.	0.	0.
		-								

Part VII Section A. Officers, Directors, Trus	(B)	\ey	LII		c)	c 5,	all	(D)	(E)	ipioye	(F)	<i>)111.)</i>
Name and Title	Average	Posi	tion (-	-	hat a	pply)					ad
	hours per week			Officer	т —	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	os C	Estimate mount of compensation the organization and relation organization organizat	tion e ion led
	-											
	_											
	-											
	- -											
	-											
												_
	-											
	-				<u></u>							
1 b Total							>	4,100.		0.		0
2 Total number of individuals (including those in 1a) w	ho recei	ved	mor	e th	an S	§100),000) in reportable cor	npensation from	ine		
organization •								 			Yes	No
 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc For any individual listed on line 1a, is the sum of rec 	dıvıdual			•	•		_	•			3	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	an \$150	,000)? If	'Ye	s' co	omp	lete	Schedule J for su	ch	4	4	x
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J f	tion for s	fror uch	n ar pers	iy u son	nrela	ated	organization for s	ervices		5	<u>x</u>
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d inden	ondo	nt c	ontr	acto	ore t	hat	received more tha	n \$100 000 of			
compensation from the organization	и шиер	ende	ent c	.0110	acıı) S (ııaı	r				
Name and business addres	<u>s</u>							Description of	of Services	Com	(C) pensati	on
2 Total number of independent contractors (including t	hose in	1) 1	ho '	ece	ved	mo	re th	nan \$100 000 in				
compensation from the organization ►		., ••				0		4.55,555 111				

Га	il vill Statement of Revent						
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s	1a Federated campaigns	1 a					
AN	b Membership dues	1 b	75,583.				
80	c Fundraising events	1 c	75,505.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	C Fundraising events	1 d					
	d Related organizations				,		
	e Government grants (contributions)	1 e					
STHER	f All other contributions, gifts, grants, a similar amounts not included above	1f	10.				
ĔΞ	g Noncash contribns included in Ins 1a-	f \$_					
	h Total. Add lines 1a-1f		<u> </u>	75,593.			
븰		ļ	Business Code			-	_
Ē	2a	l					
2	b	l					
亨	c	l					
Ä	d						
Š	e						
8	f All other program service reve	nue					
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f		•				
	3 Investment income (including	duudondo	interest and	· · · · ·			
	other similar amounts)	ilviuei ius	, interest and	523.	523.	0.	0.
	4 Income from investment of tax	-exempt	bond proceeds				
	5 Royalties	олор.	▶				
) Real	(ii) Personal			· · · · · · · ·	
	6a Gross Rents		(.,,				
	b Less rental expenses						
	c Rental income or (loss)		 				
	1		<u> </u>				
	d Net rental income or (loss)	Securities	(v) Other				
	7a Gross amount from sales of assets other than inventory	securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)		▶				
IUE	8a Gross income from fundraising (not including \$	events					
	of contributions reported on lin	e 1c)					
OTHER REVEN	See Part IV, line 18	c (c)					
	b Less direct expenses						
0	c Net income or (loss) from fund		* <u> </u>				
	, ,	_	verius -				~
	9a Gross income from gaming act See Part IV, line 19						
	b Less direct expenses						
	c Net income or (loss) from gam	-	* 				
	10a Gross sales of inventory, less in	_					
	and allowances)i				
	b Less cost of goods sold	_	0.				
	c Net income or (loss) from sale	s of inver		0.	0.	0.	0.
	Miscellaneous Revenue		Business Code	_			
	11a Raffle		0	0.	0.	0.	0.
	b	- -		0.	0.	0.	0.
	c	. .		0.	0.	0.	0.
	d All other revenue			13,790.	13,790.	0.	0.
	e Total. Add lines 11a-11d		▶	13,790.			
	12 Total Revenue. Add lines 1h, 2	g, 3, 4, 5	, 6d, 7d, 8c, 9c,				_ _
	10c, and 11e	<u></u>	· •	89,906.	14,313.	0.	0.

Page 10

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	25,792.	25,792.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0.	0.		1 11 1,1
5	Compensation of current officers, directors, trustees, and key employees	4,200.	0.	4,200.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
t	Legal	<u></u>			
c	Accounting				
c	i Lobbying				···
	Prof fundraising svcs See Part IV, In 17 Investment management fees	<u> </u>			
ç	g Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,200.	0.	1,200.	0
17	Travel	10,953.	10,953.	0.	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,917.	1,917.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Advertising	0.	0.	0.	0.
	Awards	413.	261.	152.	0.
	: Bank Charges	25.	0.	25.	0.
	Office Supplies	3,815.	0.	3,815.	0.
е	Prizes	2,937.	0.	2,937.	0.
	All other expenses	25,469.	6,877.	18,592.	0.
25	Total functional expenses. Add lines 1 through 24f	76,721.	45,800.	30,921.	0
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	<u>rt X</u>	Balance Sheet					 		
					(A) Beginning of year		End o	B) of year	r
	1	Cash - non-interest-bearing			27,462.	1		49,	801.
	2	Savings and temporary cash investments			34,293.	2			961.
	3	Pledges and grants receivable, net			•	3			
	4	Accounts receivable, net		Ì		4		1,:	289.
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I	s, trust L	ees, key employees,		5			
	6	Receivables from other disqualified persons (as define		er section 4958(f)(1))					
	_	and persons described in section 4958(c)(3)(B) Comp				6			
A S	7	Notes and loans receivable, net				7			
A S E T S	8	Inventories for sale or use			51,692.	8		53,	782.
T S	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment, cost basis	10a						
		Less accumulated depreciation Complete Part VI of							
		Schedule D	10Ь			10 c			
	11	Investments — publicly-traded securities				11			
	12	Investments – other securities. See Part IV, line 11				12			
	13	Investments – program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			-	15			
	16	Total assets Add lines 1 through 15 (must equal line 3	34)		113,447.	16	1	44.	833.
	17	Accounts payable and accrued expenses	- /		7/1	17			685.
	18	Grants payable			***************************************	18			
	19	Deferred revenue			-	19			
Ļ	20	Tax-exempt bond liabilities		20					
Å	21	Escrow account liability Complete Part IV of Schedule	· D			21			
LIABILITI	22	Payables to current and former officers, directors, trus	tees.	kev emplovees.					
Ţ		highest compensated employees, and disqualified pers	sons (Complete Part II					
į		of Schedule L		22					
Š	23	Secured mortgages and notes payable to unrelated thi	ırd pari	ties		23			
	24	Unsecured notes and loans payable		<u> </u>		24			
	25	Other liabilities Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			0.	26		1,	685.
NET		Organizations that follow SFAS 117, check here ▶	∐ aı	nd complete lines					
Ť		27 through 29 and lines 33 and 34.							
ASS	27	Unrestricted net assets				27			
	28	Temporarily restricted net assets				28			
Š	29	Permanently restricted net assets				29			
R		Organizations that do not follow SFAS 117, check her	re 🟲	X and complete					
PZC		lines 30 through 34.							
ND	30	Capital stock or trust principal, or current funds				30			
B	31	Paid-in or capital surplus, or land, building, and equipr	ment fi	und		31			
BALAZCEN	32	Retained earnings, endowment, accumulated income,	or othe	er funds	113,447.	32	1	43,	<u> 148.</u>
Č	33	Total net assets or fund balances.			113,447.	33	1	43,	<u> 148.</u>
	34_	Total liabilities and net assets/fund balances.			113,447.	34	1	44,8	333.
Pa	rt XI	Financial Statements and Reporting		 .					
		_						Yes	No
1	Acc	counting method used to prepare the Form 990	Cash	X Accrual	Other				
		re the organization's financial statements compiled or re		•	countant?		2a		X
	b We	re the organization's financial statements audited by an	ındep	endent accountant?			2b		X
	c If 'Y	es' to 2a or 2b, does the organization have a committe	e that	assumes responsibility	for oversight of the aud	ıt,			
_		new, or compilation of its financial statements and select		· ·		nala	<u> 2c</u>	 	
3	a As Auc	a result of a federal award, was the organization require ht Act and OMB Circular A-133?	ea to t	andergo an audit or audi	is as set forth in the Sil	igie	3a	1	Х
		'es,' did the organization undergo the required audit or	audits	?			3b		
BA									(2008)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

	veriue Service						• • • • • • • • • • • • • • • • • • • •				
	e organization	DOCE				Employer identification 38-287013					
Part I	Fundraising Activities.		the oraș	nization	answered 'Ves' to						
	licate whether the organization i						, 1110 17.				
	Mail solicitations	aisca railas tin	ough any c	or the follo	Solicitation of non-	· · ·					
-	Email solicitations				Solicitation of gove	•					
<u> </u>	Phone solicitations				Special fundraising						
–	In-person solicitations				oposiar randraising	0.000					
2a Did	I the organization have written on aployees listed in Form 990, Par	or oral agreeme	nt with any	r individua	l (including officers, dire	ectors, trustees or key	Yes X No				
	Yes,' list the ten highest paid incompensated at least \$5,000 by the			•	·						
						(v) Amount paid to	<u> </u>				
	(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) or col (i)										
			Yes	No	-						
			<u> </u>								
			1	ļ							
		ļ	<u> </u>				<u> </u>				
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		<u> </u>	<u> </u>	<u></u>							
Tot	al			▶							
		·			<u> </u>						
3 List or l	t all states in which the organizations	ation is registere	ed or licen:	sed to solu	cit funds or has been no	otified it is exempt from	registration				
	-										
				_ _							
							~				
						~~					

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047 2008

Open to Public Inspection

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

Employer identification number 38-2870130 MILITARY ORDER OF DEVIL DOGS

Part | General Information on Gran Department of the Treasury Internal Revenue Service Name of the organization

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations) and government org	lanizations	-		-	A •	

Schedule I (Form 990) 2008

TEEA3901 12/19/08

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 38-2870130 - Monitored by the Board of Trustees and members at the annual convention. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant MILITARY ORDER OF DEVIL DOGS (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 Pt_I_Line_2 Part III BAA